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Upper gastrointestinal bleeding due to gastric metastasis from a primary uterine leiomyosarcoma

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A 52-year-old female patient, with a history of uterine leiomyosarcoma diagnosed 7 years before, was admitted to our unit for melaena and anaemia. Gastroscopy showed two subepithelial ulcerated nodules in the greater curvature of the gastric body (Fig. 1A). After biopsy, lesions were treated with argon plasma coagulation with no bleeding recurrence (Fig. 1B). Figures are matched with their respective captions and citations and renumbered sequentially.

Histology showed a fusocellular neoplasm, with increased cellularity and marked pleomorphism, hyperchromatic nuclei with atypical mitosis and apoptosis (Fig. 2). Immunohistochemical staining revealed tumour cells that were diffusely positive for smooth muscle actin, desmin and caldesmon

and negative for CD117 (Fig. 3). Given the patient's history of uterine leiomyosarcoma, these findings were consistent with the diagnosis of metastasis of leiomyosarcoma.

Metastases to the stomach are unusual and most of them arise via a haematogenous route from malignant melanoma, breast or lung cancer.^{1,2} Both uterine leiomyosarcoma tumour and its metastasis to the stomach are very rare findings.^{2,3} Since symptoms are non-specific, it is unlikely that upper gastrointestinal bleeding would lead to this diagnosis. Given the clinical context, the diagnosis of gastric metastases can be established by endoscopy with biopsies. Since melaena was noted, we used argon plasma coagulation to treat the gastric lesions with effectiveness.

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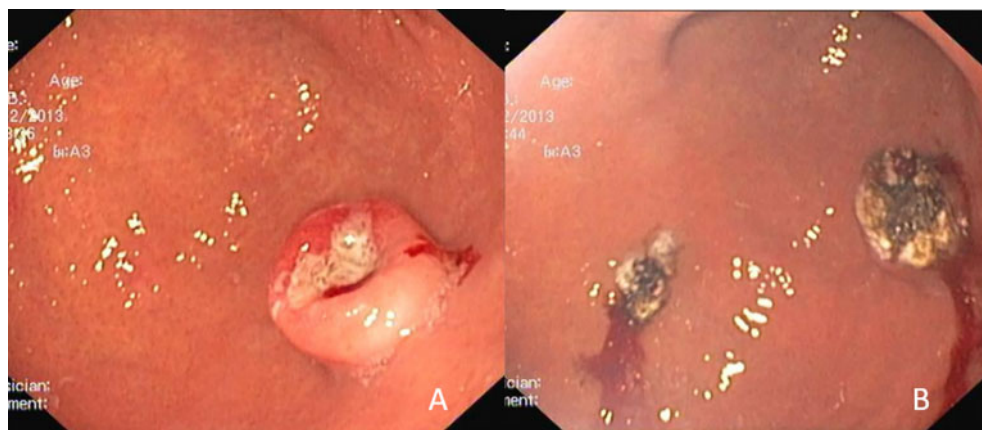


Figure 1 (A) Subepithelial ulcerated nodule in the greater curvature of the gastric body; (B) Subepithelial ulcerated nodules after treatment with argon plasma coagulation.

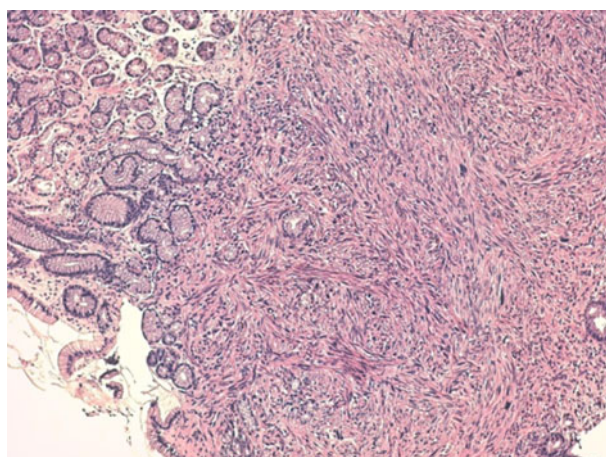


Figure 2 H&E stain (× 40) showing fragments of gastric mucosa with infiltration of the submucosa and lamina propria by fusocellular neoplasm.

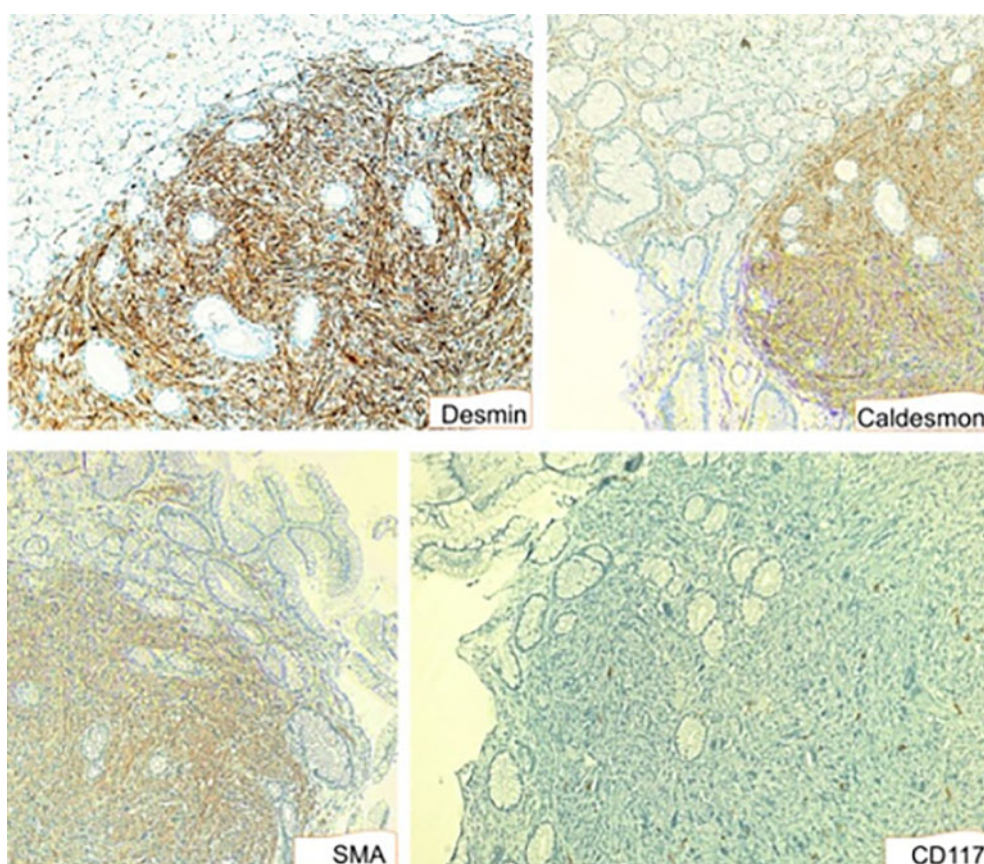


Figure 3 Immunohistochemical staining revealed diffuse positivity of tumour cells for smooth muscle actin, desmin and caldesmon and negativity for CD117, which supports the morphological hypothesis of diagnosis of leiomyosarcoma.

Disclaimer statements

Contributors All authors contributed to conception and design of the manuscript, acquisition and interpretation of images, drafting and revising the content of the manuscript and all authors are accountable for all aspects of the work. Finally, all authors approved the manuscript and this submission.

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Conflict of interest All authors disclose no potential conflicts (financial, professional or personal) that are relevant to the manuscript.

Ethics approval Not applicable.

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